



Division of Unemployment Insurance
 Accounts Receivable Unit – Room 400
 1100 North Eutaw Street
 Baltimore, MD 21201

1-800-492-5524 Ext. 2410
 Local: 410-767-2410
 Fax: 410-767-2680

Federal Number: _____ - _____

Request for Wage Adjustment

(A Separate Form Must Be Submitted For Each Quarter)

Gentlemen:

Request is hereby made for an adjustment to my account for the following reason(s): _____

AMOUNT OF REMITTANCE (If Applicable) \$ _____		FOR THE QUARTER ENDING:	
EMPLOYER ACCOUNT NUMBER: 00 _____			
ITEM	AMOUNT REPORTED	CORRECTED AMOUNT	DIFFERENCE (+ OR -)
Total Wages			
Excess Wages			
Taxable Wages			
X Tax Rate	. _____	. _____	. _____
Contributions (Tax)			
*Interest should be calculated at 1.5% per month from the quarterly due date.		INTEREST DUE	\$ _____
(Make your check payable to Maryland Unemployment Insurance Fund)		TOTAL	\$ _____

WAGE DETAIL

(If more space is needed, please send on additional blank sheets)

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	AMOUNT REPORTED	CORRECT AMOUNT	DIFFERENCE (+ OR -)

Firm Name: _____

Signature: _____
(State whether individual, owner, partner – title, if officer of Corporation)

Date: _____

FOR INTERNAL USE ONLY

(Account Adjusted By)

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